

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0620044	BROOKSVALE PARK-VETERANS' MEMORIAL BLDG			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
524 BROOKSVALE AVENUE					1			

Towns Served: HAMDEN

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Water System Facility: WELL (WSF ID: 21076)

E. Coli (3014)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	4/1/04 - 6/30/04	2	11/5/2004		11/15/2004	
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	11/5/2004		11/15/2004	
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	2/9/2005		2/19/2005	
Nitrate And Nitrite M&R Violation	1/1/04 - 12/31/04	2	6/23/2005		7/3/2005	
Total Coliform M&R Violation	10/1/04 - 12/31/04	2	6/23/2005		7/3/2005	
Total Coliform M&R Violation	1/1/05 - 3/31/05	2	8/26/2005		9/5/2005	
Physical Parameters M&R Violation	10/1/05 - 12/31/05	3	3/20/2007		3/30/2007	
Total Coliform M&R Violation	1/1/07 - 3/31/07	2	6/22/2007		7/2/2007	
Physical Parameters M&R Violation	4/1/06 - 6/30/06	3	8/18/2007		8/28/2007	
Nitrate And Nitrite M&R Violation	1/1/09 - 12/31/09	2	4/1/2010		4/11/2010	
E. Coli M&R Violation	4/1/17 - 6/30/17	3	9/26/2018		10/6/2018	

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PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0620044	BROOKSVALE PARK-VETERANS' MEMORIAL BLDG			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
524 BROOKSVALE AVENUE					1			

Towns Served: HAMDEN

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SP5	-BROOKVALE VET M #1	A	Y			
		SP6	-BROOKVALE FHT	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21076	WELL	2	WELL	A				
57912	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title		
Mr. Vincent Lavorgna			Hamden Parks & Recreation			Park Ranger		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
524 Brooksvale Avenue						Hamden	CT	06518
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-287-2669		203-287-2670						

Contact Role(s): **Administrative Contact**

Name			Organization			Job Title		
Mr. Scott D. Jackson			Town of Hamden			Mayor		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
Hamden Government Center			2750 Dixwell Avenue			Hamden	CT	06518
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-287-7000		860-287-2501			sjackson@hamden.com			

Contact Role(s): **Legal Contact, Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0620064	YMCA - CAMP MOUNTAIN LAUREL			NC	180	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2700 DOWNES ROAD				1			
Towns Served: HAMDEN							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		

Physical Parameters (PPS)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
DISTRIBUTION SYSTEM (4)	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	5/1/2018	
SEASONAL START UP CERTIFICATION	5/1/2018	
SEASONAL START UP COMPLETION	6/15/2019	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
REVISED TOTAL COLIFORM RULE (RTCR)	5/2/18 -	3	7/18/2018		7/28/2018	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	5/2/18 -	2	7/18/2018		7/28/2018	
Physical Parameters M&R Violation	4/1/18 - 6/30/18	3	9/10/2019		9/20/2019	
Total Coliform M&R Violation	4/1/18 - 6/30/18	3	9/10/2019		9/20/2019	
Total Coliform M&R Violation	8/1/18 - 8/31/18	3	11/16/2019		11/26/2019	
Total Coliform M&R Violation	7/1/18 - 7/31/18	3	11/16/2019		11/26/2019	
Physical Parameters M&R Violation	8/1/18 - 8/31/18	3	11/20/2019		11/30/2019	
Physical Parameters M&R Violation	7/1/18 - 7/31/18	3	11/20/2019		11/30/2019	
Nitrate And Nitrite M&R Violation	1/1/18 - 12/31/18	3	2/13/2020		2/23/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Total Coliform Status</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0620064	YMCA - CAMP MOUNTAIN LAUREL			NC	180	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
2700 DOWNES ROAD				1			
Towns Served: HAMDEN							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21078	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title	
Central CT Coast YMCA								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
1240 Chapel Street						New Haven	CT	06511
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-777-9622					info@cccymca.org			

Contact Role(s): **Owner**

Name				Organization			Job Title	
Mr. Alexei Bachuretz				Hamden YMCA			Operations Director	
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
1605 Sherman Avenue						Hamden	CT	06514
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-248-6361					abachuretz@cccymca.org			

Contact Role(s): **Administrative Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0620074	BROOKSVALE PARK - FIELD HOUSE			NC	25	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
524 BROOKSVALE AVENUE				1			
Towns Served: HAMDEN							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18	10/1-11/30	
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX) **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18	4/1-11/30	Complete
	1/1/19 - 12/31/19	4/1-11/30	
	1/1/20 - 12/31/20	4/1-11/30	

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	4/1/2019	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	10/1/18 - 12/31/18	3	2/13/2020		2/23/2020	
Total Coliform M&R Violation	10/1/18 - 12/31/18	3	2/13/2020		2/23/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SP4	-BROOKVALE FHT	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22892	WELL #1	2	WELL #1	A				

Contact Information

Name		Organization	Job Title		
Mr. Vincent Lavorgna		Hamden Parks & Recreation	Park Ranger		
Mailing Address Line One	Mailing Address Line Two		City	State	Zip Code
524 Brooksvale Avenue			Hamden	CT	06518

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0620074	BROOKSVALE PARK - FIELD HOUSE	NC	25	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
524 BROOKSVALE AVENUE			1		
Towns Served: HAMDEN					
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-287-2669		203-287-2670			
Contact Role(s): Administrative Contact					
Name			Organization		Job Title
Mr. Curt B. Leng			Town of Hamden		Mayor
Mailing Address Line One		Mailing Address Line Two		City	State
Hamden Government Center		2750 Dixwell Avenue		Hamden	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-287-7100					cleng@hamden.com
Contact Role(s): Legal Contact					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0621014	CHURCH OF THE ASCENSION			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1040-1050 DUNBAR HILL RD				1			

Towns Served: HAMDEN

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00500	WELL 1	2	WELL 1	A				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				

Contact Information

Name				Organization			Job Title		
Reverend Thomas J. O'rourke				Church of The Ascension			Pastor		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1050 Dunbar Hill Road						Hamden		CT	06514
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-288-7516									
Contact Role(s):	Administrative Contact, Legal Contact, Owner								

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0621014	CHURCH OF THE ASCENSION			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1040-1050 DUNBAR HILL RD				1			
Towns Served: HAMDEN							

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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